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*Kissam*



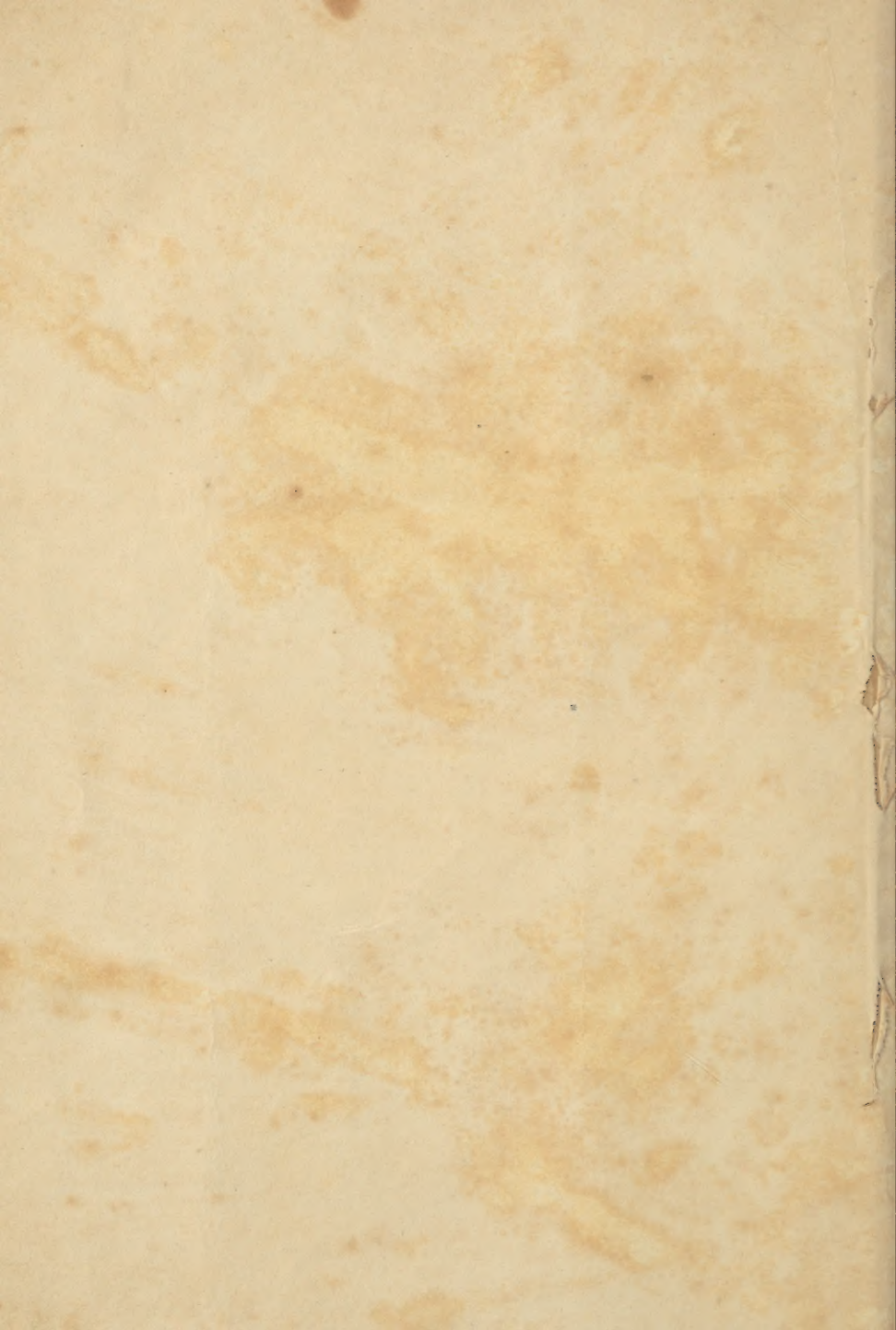
A DISSERTATION

ON

IRITIS.

*American Thesis*











E. J. Marsh M.D.,  
Paterson, N. J.

Presents

~~Kissam~~

" Kissam on Iritis, 1830.

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Dec 13/80

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# A DISSERTATION

ON

# IRITIS.

SUBMITTED TO THE PUBLIC EXAMINATION OF THE TRUSTEES  
AND PROFESSORS

OF

THE COLLEGE OF PHYSICIANS AND SURGEONS

IN

THE UNIVERSITY OF THE STATE OF NEW-YORK,

(JOHN WATTS, Jr., M.D., PRESIDENT,)

FOR THE DEGREE OF DOCTOR OF MEDICINE,

APRIL 6TH, 1830.

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BY RICHARD S. KISSAM,

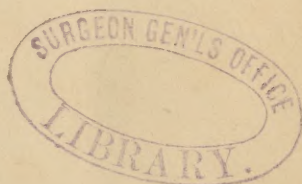
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TO

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OF THE STATE OF NEW-YORK;—HONORARY MEMBER OF THE MEDICAL SOCIETY  
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AND SURGEON OF THE NEW-YORK EYE INFIRMARY.

AND TO

**J. KEARNY RODGERS, M.D.**

SURGEON OF THE NEW-YORK HOSPITAL;—MEMBER OF THE NEW-YORK HISTORICAL  
SOCIETY;—AND SURGEON OF THE NEW-YORK EYE INFIRMARY,

THESE PAGES ARE RESPECTFULLY

DEDICATED

BY

**THE AUTHOR.**



EDWARD DELANEY, JR.

AND TO

J. RALPH ROBINSON, JR.

JAMES T. COCHRAN, JR.

THE ATTORNEY

THE ATTORNEY

TO

MASON F. COGSWELL, M.D.

THESE PAGES ARE RESPECTFULLY DEDICATED AS A SLIGHT  
MEMENTO OF THE BENEFIT, AND KINDNESS, RECEIVED  
DURING THE STUDIES OF

THE AUTHOR.

## THE HISTORY OF

THE HISTORY OF THE  
REIGN OF  
HENRY THE SEVENTH  
OF ENGLAND  
BY  
JAMES HALLAM  
ESQ.  
OF LINCOLN'S INN  
IN TWO VOLUMES  
LONDON  
PRINTED BY J. JOHNSON, ST. PAULS CHURCH-YARD  
1801

## ON IRITIS.

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INFLAMMATION of the iris received the name of "Iritis" from J. A. Schmidt, of Vienna, who published the first accounts of this disease. Dr. Good, in his *Study of Medicine*, objects to the term, as being both unclassical and incorrect; as he considers the disease to be only a species, and not a distinct genus; and accordingly he treats it under the name of "*Ophthalmia Iridis*." John Vetch, M.D., also, in his *Treatise on the Diseases of the Eye*, considers this disease as a species, instructing us concerning it under the term "*Ophthalmitis iritica vel sclerotica interna*." Mr. Saunders, the earliest writer on this disease in the English language, denominates it "*Inflammation of the Iris*." Messrs. Travers, Lawrence, Stratford, and Drs. Weller and Frick retain the name given it by J. A. Schmidt. In an old French work, by "M. de St. Yves, Surgeon Oculist to the Company of Paris," translated into English in 1741, by "M. Mouchard," is described a disease called by the author, "*Ophthalmy of the Choroides*." Concerning it, he says, "There is an eleventh species of *Ophthalmy*, in which the inner parts of the eye are inflamed, I mean the choroides, together with the uvea. In this disease, the conjunctiva is but slightly inflamed; it is attended with a flux of tears: the looking at the light is painful to the patient, who feels an acute pain towards the top of the head and temples; the pupil is also contracted." From this description we think the disease must be Iritis.



The slight inflammation of the conjunctiva; the irritation caused by the admission of light; the acute pain in the head and region of the eyes; the increased lachrymal discharge; and the contraction of the pupil, as above observed, are most assuredly among the most prominent symptoms of *Iritis*. From this we conclude, that this malady was not unknown at an early period; and from the manner in which St. Yves gives his description, we are led to believe that it occurred as frequently at that period as at the present day. If our suggestions are correct concerning the identity of St. Yves's "Inflammation of the Choroides" with *Iritis* of the present time, it is somewhat singular that the author has overlooked the irregularity of the pupil. However, this might easily have been mistaken, more especially at so early a period, when the diseases of the eye had received such a limited share of attention, for the "contracted pupil," to which the author refers.

J. A. Schmidt, in 1791, was appointed, in conjunction with Ehrhitter, to the anatomical chair at Vienna, made vacant by Professor Barth's resignation. From that period Professor Schmidt attended particularly to the study and practice of the diseases of the eye; and at the end of ten years, in 1801, gave to the world his excellent work on "Secondary Cataract and *Iritis*."

During his labours on this work, in investigating the nature and causes of secondary cataract, and in establishing varieties, he discovered that authors on the subject had most absurdly pointed out, as one variety, an opacity of the pupil, succeeding the operations for cataract. This opacity he discovered to depend neither on any affection of the lens or its capsule; thereby concluding that it could have none of the properties of a cataract. He found also, that this opacity is always preceded by inflammatory symptoms, and that it is caused by the deposition of lymph. In short, he was convinced that the symptoms under consideration, were those of a distinct disease—an inflammation of the iris, which he then denominated *Iritis*. He also remarks, that though the great outline of the symptoms of the disease in all the varieties is the same, yet there are minutiae enough to mark the difference. This he considers to be of great importance, as the treatment he recommends is founded

on the particular form of the disease: he does not consider mercury as a means of cure in all the different aspects; but, on the contrary, he supposes the variety depending on the gouty constitution would, instead of being benefited, be greatly injured by its exhibition.

Mr. Saunders, who wrote in 1802, when speaking of Iritis, principally directs his attention to the symptoms and treatment of the disease, considering it generally as an idiopathic affection: he says he has seen it connected with conjunctival inflammation: then adds, "But this state of the iris sometimes arises from syphilis."

Mr. Saunders, in his description of the symptoms of this disease, is clear and correct; but the treatment he recommends is altogether insufficient to produce a cure: and the causes of the disease he has left his reader to conjecture for himself, as also to form varieties at his pleasure.

His treatment consisted in depleting by general and local bleeding, together with nauseating doses of antimony, in the first stage; and for the purpose of removing the contraction of the pupil and the deposition of lymph, in the second stage, he recommends the application of the extract of belladonna. In those cases arising from syphilis, the treatment he prescribes is correct, viz. to produce the specific influence of mercury.

Doct. Weller, in his *Treatise on the Eye*, considers the different affections of the iris as entirely distinct diseases, and treats them, accordingly, in separate parts of his work. First, he speaks of pure inflammation of the iris, and accounts for its cause by saying, "The causes which produce a pure Iritis are, for the most part, external wounds of the iris, which commonly happen in operations for cataract, in forming artificial pupils, &c."

If there were no lymph deposited, he considered the prognosis to be favourable.

In the cure, he depended on the antiphlogistic plan, generally, and the application of belladonna, locally: he says, "Where the constitution of the patient will bear it, calomel is to be also given internally." From this we see he laid no stress on the specific effect of mercury: consequently, his

treatment is imperfect, and he has contributed nothing to the knowledge of the profession in the cure of this disease. This author makes Iritis to arise from rheumatism, gout, and syphilis. each a distinct genus, which, except that arising from syphilis. he treats as the "pure Iritis;" recommending, however, to inquire if the disease of the eyes do not arise from a metastasis of gout or rheumatism, and if so, the cure will be much accelerated by restoring the original disease. The syphilitic genus he treats with mercury.

The prognosis of the genus arising from gout, Dr. Weller considers to be unfavourable.

Mr. Travers, in his essay on Iritis, published in 1818, treated the disease in a manner different from preceding writers.

In speaking of its cause, he says, "It appears in company with rheumatism of the chronic form, sometimes with gout; with the constitutional signs of lues venerea; and during or following the action of mercury on the system." Mr. Travers was the first person who noticed a chronic form of this disease.

This essay is taken up, almost entirely, with the consideration of those forms of the disease which the author endeavours to trace to syphilis, and which accompany or succeed the use of mercury.

The author fully discusses the question, whether Iritis arises from the constitutional effects of mercury or not; and, after a laboured investigation, comes to the conclusion, that mercury does produce the disease in question. He considers mercury both the bane and antidote.

In this essay Mr. Travers points out the correct mode of treatment: he says, "The Iritis first described, which often supervenes upon indecisive or mistaken treatment of inflamed conjunctiva, or upon some imprudent use or exposure of the eye in this state, is cured by large and repeated blood-lettings and active purgatives. All other forms of Iritis, whether primary or secondary, simple or specific, require the constitutional use of mercury for their cure, without exception. This may be boldly stated without reference to the origin of the disease, and I should be quite at a loss to name any other dis-

ease which so certainly and so rapidly yields to a stated remedy."

He then states, that those cases where mercury has failed to subdue the disease, occur in old and debilitated persons, who have not the strength of constitution required to enable mercury to produce its salutary effects. From this we perceive, that Mr. Travers has the credit and the satisfaction of having first recommended the correct mode of cure.

### *Does Mercury produce Iritis?*

Since the publication of Travers's essay, it has generally been allowed, that his opinions concerning the production of Iritis from the constitutional effects of mercury are correct. Mr. Travers places his chief reliance on the arguments, that the sound state of a part presents the same difference from a diseased part, as the opposite states of disease do from one another; and that as two morbid, but contrary, actions may go on at the same time, and be excited by the same cause, so there is nothing incompatible with the power of mercury to produce that effect in a healthy eye, which it is capable of obviating when excited by another cause.

Our author's conclusions from this statement are, that if the system, when in a diseased state, is put under the specific influence of mercury, Iritis ensues; the original disease being cured, and the system brought to a healthy or sound condition, the same cause which produces the second disease, being continued, will effect its cure. This statement of supposed facts, and the conclusions drawn from them, might suffice, if other facts connected closely with the first were left unstated.

Let us see: mercury given for syphilis, the disease is supposed to be cured; at the end of several months secondary symptoms appear, blotches, sore throat, and Iritis. Now it cannot be denied but that the system is in the same condition as it was when the mercury was first given; being under the constitutional effects of syphilis: well then, if so—if mercury be again given, the Iritis should be aggravated: but on the contrary, it will be cured.



A further argument, adduced as evidence of the tendency of mercury to occasion this form of disease which it so successfully arrests when produced from other causes, is inferred from the frequent appearance of iridial inflammation in the sound eye, while the operation of mercury is opposing its progress in the one originally diseased; this seems, however, only an example of the peculiar sympathy which exists between the eyes, by which inflammation, though seldom confined to one, never advances equally to both; and however successfully we may oppose the inflammation set up in one, it is no security whatever against its extension to the other. The appearance of Iritis, while the patient is under the influence of mercury, is only a demonstration of this general law.

One of the greatest causes which has led authors into the error of supposing Iritis to arise from the effects of mercury, I imagine to be its frequent occurrence as a secondary symptom of supposed cured syphilis; for it is now generally allowed, that mercury wonderfully aids in the absorption of the venereal virus into the system, thereby causing a general disease, when, if left to nature, it would produce only a local complaint. When, therefore, mercury is prescribed for the cure of syphilis, it should be given in such quantities, and persevered in for so long a time, as is requisite for the total obliteration and neutralization of the venereal virus which has been absorbed and circulated in the system. The practice of many physicians, of giving an insufficient quantity of mercury, to secure the system, as they vainly imagine, is no doubt one of the more frequent causes of secondary symptoms, and among the others, a fertile source of Iritis. In proof of this we would advert to the extensive prevalence of the disease among the lower classes of the community, who, when affected with syphilis, are wonderfully and notoriously negligent in applying for its cure, and who, when prescribed for, are equally regardless of the practitioner's instructions, and the destructive effects of the disease on the constitution. The greater number of females who are infected by their husbands seldom apply for relief, until secondary symptoms of syphilis appear, and these compose a great number of Iritic patients. Mr. Hewson in his observations on venereal

ophthalmia tells us, "We farther observe, among the anti-mercurial experiments of our military surgeons, that 'Iritis' has been no uncommon occurrence; and in some unpublished official reports, with an examination of which I have been favoured, I find it expressly stated, in reference to this fact, that 'Iritis' was more frequently observed as a secondary symptom than is known to happen after treatment with mercury."

One fact I will add which ought to be considered conclusive, and one which it is surprising has not been more frequently adverted to, and more duly considered. It is this; that Iritis does not supervene after the constitutional effects of mercury given for any other disease than that of syphilis. Mr. Travers says, "But, with one exception, I do not call to mind a well-ascertained case of primary Iritis, during the constitutional action of mercury for a disease in which the genitals had no concern, as enlargement of the liver, &c.:" again he says, "I have seen it also where the system had been mercurialized for gonorrhœa. During the free exhibition of calomel in strumous inflammation, I have repeatedly seen the iris take on the inflammatory action." When we call to mind the frequency of a combination of the two diseases of gonorrhœa and syphilis, we can find no difficulty in tracing the cause why Iritis came on in the case where Mr. Travers gave mercury for gonorrhœa.

As for its occurrence after mercury had been taken in the strumous habits, we may state, on the authority of Mr. Lawrence, that Iritis may follow a strumous habit where no mercury has been taken.

Let us take a pathological and physiological view of the subject. What is the pathology of the disease? All authors agree in stating Iritis to be an adhesive inflammation, generally connected with a deposition of lymph in or on the substance of the iris. Mr. Travers says, "If the adhesive inflammation is already far advanced before the mercurial action is induced, opacity of the adhering capsule cannot be prevented, nor can such opacity be removed; and hence a motive to its early employment." Here, then, Mr. Travers distinctly states the disease to be an adhesive inflammation. Dr. Farre says, "Is

Iritis an example of pure adhesive inflammation?—I consider that it is; for if the case be left to nature, this is its tendency and termination."

Mr. Lawrence in his lectures says, "Iritis is an adhesive inflammation; that is, an inflammation attended with deposition of new matter from the vessels of the inflamed part, under various circumstances and appearances, which, however, has been indiscriminately called by the not very precise term of coagulable lymph."

Now what is the effect of mercury on the system, when given in sufficient quantities to produce a sensible effect? Dr. Farre says, "Is the mercurial action an erythema or an adhesive inflammation of those parts on which it falls? If the former, which I believe it to be, no two actions can be more opposed."

Mr. Lawrence, in speaking on this subject, is very cautious in giving his opinion; he speaks thus: "Does mercury assist in the absorption of the effused matter? that is difficult to answer: it arrests the inflammatory process, by which the matter is effused, and then absorption begins; and that is all we know." And that is all we should desire to know, when we are assured that absorption is consequent upon the administration of mercury. Is it not caused by the influence of the mercury? that is, so far as we are acquainted with cause and effect. If, then, Iritis be an adhesive inflammation, and the effect of mercury an erythema, how can mercury produce Iritis? we would answer, it cannot.

It is well known that mercury produces absorption of deposition in very many other diseases, and I think it fair to allow it the same power in this.

Mercury is given in *all* those cases where we wish to produce absorption; and on *this effect* we place great dependence.

Suppose in the last stage of pleuritis we should give mercury, what would be our object? Surely not to increase the deposition of adhesive matter, but to absorb it—in Iritis we give it for the same purpose, and it answers our expectation. Surely, then, mercury cannot produce Iritis.

## GENERAL SYMPTOMS OF IRITIS.

If the eye of the patient presents the following appearances. we are to conclude it to be a case of Iritis :

On examining the eye, the first symptom which strikes us is the inflammation of the conjunctiva, which in the early stage presents a pink colour ; and this is peculiar, inasmuch as on close examination we perceive a distinct light zone encircling the cornea of about a line in breadth ; this line is the natural colour of the conjunctiva. Sometimes however it is of a cinnamon brown, and is formed by the circumference of the transparent cornea, and the vessels of the inflamed conjunctiva shooting in towards the inner parts of the eye, at about a line's breadth from the circumference of the cornea. The redness is generally slight at the circumference of the conjunctiva, becoming more dense as it approaches towards the cornea ; stopping short, as was before stated, to form the light zone encircling the cornea. Now this is essentially different from the common conjunctival inflammation, in which the inflammation and redness is the greatest at the circumference of the conjunctiva, and becomes less dense as it approaches towards the cornea, and generally not ceasing until it reaches its edge. Inflammation of the cornea is sometimes mistaken for Iritis ; if we will attend to the appearance presented by the pupil, we will not be led into an error, in judging concerning the diagnostic symptoms. In inflammation of the cornea the pupil does not assume an irregular shape, and the zone around the cornea is generally absent, though sometimes present.\*

The *irregularity of pupil* will generally be very apparent ; in early cases it is but slight, the circle perhaps will be perfect, except at a single point, which appears as if it was pulled out towards the circumference of the cornea : if the case be of some standing, this irregularity will be very striking. The pupil will be square, rhomboidal, or it takes on the figure of a very irregular surface.

\* See Plate : fig. 1 represents common conjunctival inflammation ; fig. 2 inflammation of the iris.



Another peculiarity is the deposition of lymph in or upon the substance of the iris. Mr. Lawrence in his lectures on this subject has so admirably described this deposition, that I cannot do better than give his description of it: "This deposition of coagulable lymph in Iritis, shows itself under various forms; 1st, It may be deposited in the texture of the part generally, causing the changes of colour which I have described; or it may form a pretty general stratum covering the iris. 2dly, It may appear as a yellow abscess or abscesses, slowly arising on the surface of the iris, having a bright yellow colour, and pretty regularly convex surface, ultimately bursting and pouring out pus, which sinks to the bottom of the anterior chamber, exhibiting the appearance called hypopyum. 3dly, The lymph may be effused in distinct masses in small tubercles of yellowish, brownish, or reddish hue; these are often deposited on the pupillary margin, sometimes on the ciliary edge, or they may occur on any part of the anterior surface. They may vary in size from that of a pin's head to a split pea: there is often only one; there may be two, three, or more. When they are numerous and the inflammation very active, you may have the lymph secreted so abundantly as to nearly fill the anterior chamber. 4thly, The effusion may take place from the posterior surface of the iris, from the uvea and posterior pupillary margin, and thus partial or general adhesions are formed between these parts and the capsule of the crystalline lens. Thus, too, a substance is produced filling the pupil, and subsequently organized into an adventitious membrane, permanently obstructing that aperture to a greater or less degree. 5thly, You may have pus effused from the iris, or a substance of which the appearance is not distinguishable from pus: it is a fluid of a yellowish colour, and sinks to the bottom of the anterior chamber. 6thly, Blood itself may be effused under violent inflammatory action; it is sometimes seen alone, but commonly mixed with the matter of hypopyum, or with the tuberculate masses of lymph. In a few instances, it has occurred to my notice, where the inflammation has not been of the most violent kind."

The change of colour in the iris is also a marked peculiarity in this disease. This change is caused by the deposition of the lymph, above spoken of; and the peculiar tint which the iris may assume, is owing to the mixture of the colours of the deposited lymph, with the original one of the iris. When a blue or gray eye is affected, the iris generally assumes a yellowish cast, sometimes distinctly so, and often mixed with a greenish tint: in these cases, the whole eye is either of a muddy, confused colour, or a striking greenish appearance. The dark-coloured iris assumes a reddish colour. Together with these appearances, the iris loses its natural brilliancy, and fibrous appearance. All these appearances are at first to be noticed at the pupillary edge, and, as the disease advances, they proceed to the ciliary margin. The aqueous humour also appears clouded, and the cornea is often dimmed. The pupil, according to the cause which operates to form the disease, is either contracted or dilated, more generally contracted; its motion is also very sluggish. The lachrymal discharge is much increased. It is stated by most authors, that light admitted to the eye produces great pain; and in some cases, the suffering caused by it is intolerable. This is more particularly severe when the attack is sudden and violent. In those cases where light does cause pain, I suspect the cause may be generally traced to the practice of keeping patients in dark rooms; thus causing an artificial susceptibility. Pain is felt in the eye itself, about the temples and orbits, sometimes extending to the nose; in other cases, the back of the head is sensibly affected with pain. All these symptoms are much increased towards evening; more so, if during the day the eye has been exposed to the light, or irritated in any way. If one eye only be affected, the pain is bounded by the median line of the head. If the disease be attended with pains in the bones, these also will be aggravated towards night.

The constitution is variously affected—if the patient be a young plethoric person, and the attack be sudden and violent, then the constitutional irritation is also great, and severe febrile symptoms ensue. When the disease is more slow in its progress.

or when it assumes a chronic character, the constitutional symptoms are scarcely or not at all perceptible.

### VARIETIES OF IRITIS.

The following division embraces all the varieties of Iritis.

#### 1st. IDIOPATHIC.

- a. Acute.
- b. Chronic.

#### 2d. SYMPTOMATIC.

- a. Arising from constitutional syphilis.
- b. Gouty diathesis.
- c. Rheumatic do.
- d. Strumous habit.
- e. Connected with eruptions of the skin not syphilitic.

#### 1st. IDIOPATHIC.

##### a. *Acute.*

*Symptoms.* The vessels forming the zone around the cornea are of a beautiful pink colour. The yellow tubercles on the anterior side of the iris are generally present; the abscesses form slowly, and at length burst into the anterior chamber, and give issue to that matter which appears under the name of hypopyum. The change of colour of the iris in this variety is remarkable; beginning to show itself at an early period, owing to the early formation of the tubercles. The irregularity of the pupil is not remarkable, but it speedily contracts; and if the case be left to nature, its *termination* is closure of the pupil. This variety generally occurring in plethoric and young persons, the fever is sometimes high; but this is no marked symptom, as other patients have scarcely any constitutional disturbance. In the cases which I have noticed, there has

been great pain caused by the admission of light ; but, as I have already remarked, in most of these cases, there was reason to believe, this symptom had been produced by previous confinement of the patients in dark rooms.

*Causes.* Acute Iritis generally occurs spontaneously ; but sometimes from artificial or accidental wounds ; following the operations for cataract, &c. ; and I distinctly recollect to have seen a case caused by scarifying the eyelids. In this case, the cartilage of the lids were cut through, forming projections in the inside of the lids ; causing constant irritation. This happened in a delicate female. J. A. Schmidt comes to the following conclusions, as to the frequency in which Iritis follows after operations. "Iritis follows extraction oftener than depression."\* Its frequency is in proportion to the greater or less dexterity of the operator. "It more rarely occurs among intelligent patients in good circumstances ; more frequently among the poorer classes, and those who from ignorance do not observe the directions given them." Of the latter, those operated upon in hospitals are more exposed to it than those operated upon in their own houses. The poorer class of cataract patients are more liable to an attack of Iritis, after the operation, in spring succeeding a severe winter, than in the height of summer or beginning of autumn. "There is a risk attending those on whom the operation is performed while they are in a state of debility," or are of a bad habit of body. Diseases of the skin ; a puffed up, washy appearance ; a yellowish, dirty-coloured countenance ; flabby state of the muscles, the skin possessing so little elasticity, that in making a fold of it, this is a long time in disappearing ; the eye feeling soft, and reddening on the slightest touch, are all ominous signs, indicating an asthenic state of the system. "I am not unconcerned concerning an attack of Iritis, after the operation for partial or complete capsular cataract, which has formed under severe headache, or general gouty symptoms. After the extraction of ichorous cataracts (where there is a sac containing ichor

\* "Iritis has several times followed the operation of depression, performed by myself on rheumatic patients." *Doct. J. Kearny Rodgers.*



within the capsule), I have invariably seen a most violent Iritis, if not suppuration of the whole eye."

*Prognosis.* If the disease be taken in its early stage, the prognosis is favourable; if the pupil has closed, so as to produce loss of sight, then it is unfavourable, though by no means to be abandoned to the operation for artificial pupil, for a perseverance in the means recommended will often produce a cure.

*Treatment.* If there be general symptoms of inflammation, they should be removed by venesection; local depletion by cupping or leeching the temples is advisable; the first passages should also be cleansed, for which purpose calomel and jalap, or calomel alone is to be preferred, as these preparations are known to possess a decided anti-inflammatory action, and, moreover, they prepare the system to be more certainly benefited by the subsequent treatment. If the attack be violent, the specific effect of mercury on the system should be produced as soon as possible; for this purpose the combination of calomel and opium is found by experience to answer the desired end better than any other known preparation; the following is a good form—℞. Protochloride Hydr. ʒ j.

Opium . . . . gr. ijss.

℥ pil. No. x. of which

six pills may be taken the first day, at three different periods, viz. two morning, noon, and night, and three the following days at the same interims of time, until the mouth indicates the mercurial action. There is no need to produce ulcers in the mouth of the patient, neither is it advisable to loosen his teeth, or to produce sloughing of the tongue; but to make the soreness of the mouth the guide of the constitutional effect of the remedy, and not the seat of its beneficial effects. When on examining the mouth a white mark on the gums at their point of junction with the teeth is perceived, this indicates that the mercury has had its desired effect. Now the doses must be lessened or stopped altogether for a day or two, but let the tenderness of the gums, and faëtor of the breath be the guide; here it is to be stopped, as now the desired point is gained. The opium in combination with the mercury is admirably adapted to prevent

the irritation which it is apt to produce ; indeed, when a practitioner has observed its mild action, he would scarcely think of giving mercury to produce its specific effect, unless in combination with opium. Given in this manner, I have seen patients kept under its influence for more than two months, with no other inconvenience than a *slight* tenderness of the gums. The mercurial action should be kept up so long as there is disease to overcome ; generally, one week will show improvement, and from two to four effect a cure.

Stramonium and belladonna, in the form of extracts, are by most authors recommended to be applied about the orbits, in this form of the disease. This should never be done in the first stage. The mode in which these medicines produce their effect is by mechanical means : they cause contraction of the fibres of the iris, thus stretching the fibres which adhere to the capsule of the lens ; this, when the iris is in an active state of inflammation, must cause evident irritation ; which is not to be desired, as it must tend to increase the disease. If these extracts are used, it should be after the mercury has produced its effects, and when the pupil, in the sequel of the disease, is closed more than natural ; but, before using them, the inflammatory action should be reduced.

Fomentations of an infusion of poppy heads or opium may be applied to the eye, with much alleviation of pain, as also warm saturnine lotions ; these must be weak, say one grain of the sugar of lead to two ounces of rain water. If there should be violent pains, shooting along the temples and orbits, as sometimes is the case, mercurial ointment, in combination with opium, may be applied directly over the brows ; let this be thoroughly rubbed in, in the proportion of three parts of the ointment to one of the opium : this is a soothing application on going to bed, and thus disposes the patient to rest.

#### b. *Chronic.*

*Symptoms.* This is a mild disease, when compared with the acute variety ; its commencement is not known : the patient first discerns it by a slight loss of vision ; this is first noticed by accident. One patient I recollect to have seen.

who, when walking in the street, saw some boys playing at ball; he endeavoured to see the ball itself, but was unable: from looking intently, there appeared to him as if spiders were constantly crawling before his eyes: he applied for advice,—the case was first taken for amaurosis, and treated with the mild action of mercury; it was soon discovered to be chronic Iritis; the treatment with mercury was continued, and was constantly improving when I last saw him. His symptoms may be taken for those in general;—pain and coldness at the back of the head, slight loss of vision, pain increased at night, when it is sometimes accompanied with slight, dull pain about the orbits, the pupil irregular in a slight degree; generally, no deposition of lymph; the most marked peculiarity is the want of redness.

Dr. Delafield, in his notes to Mr. Travers's work on the eye, speaks thus:—

“There is a mild chronic form of Iritis, so little resembling the acute disease, and so insidious in its progress, that the greatest attention is necessary in its diagnosis. The following case is a good specimen of this affection.

“An eminent upholsterer of this city applied to me, some time since, complaining that he was gradually losing the sight of one of his eyes; and that the loss of vision had been slowly progressing for several months. The only other local symptom which attended the case, was a constant deep-seated pain in the back part of the head, on the affected side, together with a continual sense of coldness there; and these sensations had existed since the patient first observed his vision beginning to fail.

“He had been labouring under dyspepsia for several years; and as not the least trace of redness, or other ordinary evidence of inflammation, appeared in the eye at the time, or ever had done so, the case was at once suspected to be amaurosis, dependent upon disorder of the digestive functions. On a close examination of the organ, however, the lower edge of the pupil was observed to be irregular, inverted, and adherent to the capsule of the lens, but not sufficiently to strike the observer without very accurate attention. No other symptom

of disease of the eye existed ; but this last became much more evident upon the application of extract of stramonium and consequent dilatation of the pupil. This, however, taken in conjunction with the loss of sight, and the pain in the occiput, was a decided proof that the disease was chronic Iritis. Accordingly, the patient was cupped, and immediately commenced the use of mercury. The impediments to vision quickly disappeared, the pain subsided, and in a few weeks the patient was cured. Two months afterward the other eye was attacked in a similar manner, and cured by the same remedies. Other cases of the same character have occurred to me, but I have noticed that they all, like this, were connected with a disordered state of the digestive organs."

*Causes.* This form of the disease, too, sometimes occurs spontaneously, or at least we cannot trace the cause ; but a disordered state of the digestive organs, and general debility, are the common causes.

*Treatment.* In those cases where there are no general symptoms present, the mercurial action may be immediately induced ; but when general debility and disordered digestion are evident, these must first receive attention : for this purpose wholesome food, exercise, and the use of the decoction of the woods will be found useful ; and cupping the temples, and the application of blisters behind the ears, are found to be good antecedents to the mercurial action. The belladonna is to be applied in the latter part of the treatment, and in this chronic form of the disease this application will generally be found very useful.

This practice is pursued in the New-York Eye and Ear Infirmary, and with singular success.

## 2d. IRITIS ARISING FROM OTHER DISEASES, BEING SYMPTOMATIC OF THEM.

### a. *Syphilitic.*

*Symptoms.* The peculiar symptoms of this variety are the cinnamon colour of the zone around the cornea, the generally



contracted state of the pupil, and its frequent displacement downwards and inwards, the great disposition to deposition of lymph, and the nocturnal pains. The lymph is of a reddish brown colour. Generally, there are pains in the bones, which are much increased towards night, and continue severe throughout it, and leaving the patient easy during the day: this is a marked peculiarity, but the nature of this variety may always be determined by inquiring into its causes.

Dr. Delafield says, "I have remarked one fact, as connected with syphilitic Iritis, which I do not remember to have noticed elsewhere. The disease is very frequently accompanied with tinnitus aurium and deafness; the organ of hearing apparently taking on the same congested condition as the eye. I have observed this symptom in protracted and badly-treated cases alone, never in recent ones, nor in those which had not been preceded by syphilis."

*Cause.* This will be found to be a constitutional syphilitic affection; this being one of the secondary symptoms. The patient generally refers the affection of the eyes to some exposure to cold; but on inquiry, it will be found, that at some past time he has been affected with the venereal disease; that he either neglected it, or that through design or ignorance, mercury in sufficient quantities to remove the disease had not been taken: on farther inquiry, it will be found that he has, or has had eruptions on the skin, of a copper colour, sore throat, and nocturnal pains in the bones; he may have had one or all of these secondary symptoms of syphilis.

The *prognosis* is favourable, especially in the first stage.

*Treatment.* If there be any constitutional irritation, it is to be removed by general means—by purgatives, venesection &c.; as there is generally severe pain over the orbits at night, which may occasion general fever, this must be alleviated by frictions of mercurial ointment and opium over the brow. Belladonna may at the last stage be applied to the orbit, to prevent contraction of the pupil. The efficient remedy, however for this variety of the disease, as well as for the acute form, is mercury, the constitutional action of which must be induced as soon as possible, and continued until every symptom

of syphilis has vanished. It is recommended by some practitioners, that in case the symptoms of the venereal disease require a long-continued use of mercury to remove them, to intermit its use; say, having continued it for three weeks, to stop it for one, giving the decoction of the woods during the interval.

*b. Arthritic; arising in a gouty diathesis.*

In this country gout occurs comparatively seldom; Iritis, therefore, arising from this cause, is not frequently met with.

*Symptoms.* A peculiar lividness of the zone around the cornea; the uneasy feelings of the eye before an attack, which by patients are said to be peculiar; the pains are of a lancinating kind, extending over the orbits; the most remarkable peculiarity is its frequent occurrence, and its leaving the eye enjoying its functions unimpaired. Professor Beer says, that this form of the disease is accompanied with erysipelatous inflammation of the eyelids, commencing at their edges with burning pain: there is also a yellow secretion of lymph from the conjunctiva, with burning pain; this is attended with a flow of acrid tears. The attack sometimes sets in with violence, and then suddenly recedes, leaving only slight adhesions to the capsule of the lens. In some cases light produces great pain and irritation, other patients are scarcely affected by it.

*Causes.* Any irritation of the eye in a gouty diathesis; but more particularly the operations for cataract.

*Prognosis.* Provided the gout causing the disease can be alleviated, then the prognosis may be said to be favourable; and even in the cases where the gout continues to be severe, if prompt measures be taken to relieve the patient, the case is favourable.

*Treatment.* The radical cure of this disease obviously depends upon the practicability of removing the continued action of the exciting cause; we are not able to cure the gout, when advanced to this stage; but in any one individual case we can palliate the symptoms of gout, and thus in a great measure remove the cause of the Iritis; for this purpose we must adopt the measures recommended for the treatment of

gout. The mercurial action here is incompetent to the cure, and why? because there is a continued exciting cause acting to produce a disease, over which mercury has no control. After cupping, leeching, counter irritation to the back of the neck through the medium of blisters, and aperients have been premised, Plummer's pill, in doses of five grains night and morning, will be found very useful; these means *do*, however, seem to prevent the extension of the disease, and benefit the general health. The German practitioners recommended tartar emetic ointment to be rubbed along the spine; as also opium mixed with saliva over the brows, to relieve the lancinating pains; tepid fomentations to the eye form a good application. The diet should be spare and regular; the application of cold to the eye should be avoided; and all stimuli or other causes which would tend to disturb the general health.

#### c. *Rheumatic.*

This variety is seldom met with: it arises in persons subject to repeated attacks of rheumatism. The disease is often caused by external inflammation extending to the choroides and iris: frequently the choroid is affected for some time before the iris becomes inflamed, and patients sometimes present themselves before the iris is at all affected.

*Symptoms.* Those of general Iritis: the zone is of a yellowish cast; great pain in the head and eyebrows; the tongue is generally covered with white fur, and bowels irregular; rheumatic pains in the joints often accompany. The tubercles are of a yellowish colour.

The *prognosis* is favourable.

*Treatment.* The rheumatism is to be prescribed for; an emetic is to be given, and followed with small doses of quinine; Plummer's pill, as before stated, may then be given, observing the principles of treatment of the acute idiopathic Iritis.

#### d. *Strumous.*

Inflammation of the iris sometimes appears in strumous children: it is the extended inflammation of the external parts. This is attended by some change of structure in the cor-



the opaque state of the cornea often prevents our seeing that the iris is affected, so that the existence is often unknown until the termination of the iritic inflammation.

*Treatment*, the same as strumous ophthalmia generally; which consists in a continued use of purgatives, leeching, blisters, and alteratives.

e. *Iritis in connexion with eruptions of the skin, not syphilitic.*

There is a remarkable connexion between the skin and iris: the skin is the seat of colour, the iris the seat of colour of the eye: Iritis exists in connexion with lepra, tubercular affections of the face, and with scaly eruptions of the skin generally, more than with other affections of the skin.

*Treatment.* If the attack be not violent, as is generally the case, mild antiphlogistic means may remove the disease: if this treatment does not succeed, mercury must be had recourse to, more especially in those cases connected with lepra.







Mr